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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p>	Application Number	09/661,731
	Filing Date	September 14, 2000
	First Named Inventor	Daniel M. Jensen
	Group Art Unit	1732
	Examiner Name	Unknown
Total Number of Pages in This Submission		Attorney Docket No. 0818.ACB.PT

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Declaration Claiming Small Entity Status for: <input type="checkbox"/> Independent Inventor <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ___ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form 1449 <input checked="" type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks The Commissioner is hereby authorized to charge any deficiencies in fees or credit any overpayment in connection with this communication to Deposit Account No. 50-0881.		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Attorney for Applicant	Frank W. Compagni, Registration No. 40,567 Morriss, Bateman, O'Bryant & Compagni, P.C. 5882 South 900 East, Suite 300 Salt Lake City, Utah 84121 (801) 685-2302 telephone; (801) 685-2303 facsimile

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CERTIFICATE OF MAILING UNDER 37 CFR § 1.8
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addresses to Assistant Commissioner for Patents, Washington, D.C. 20231.

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